

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Division of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☐ EXISTING POSITION

## Part I - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name DCF		9. Position No.	10. Budget Program Number 25521		Agency Number
2. Employee Name (leave blank if position vacant)		11. Present Class Title (if existing position)			
3. Division Kansas City Metro Region		12. Proposed Class Title Public Service Administrator I			
4. Section Integrated Service Delivery	For  Use  By  Personnel  Office	13. Allocation		Position Number	
5. Unit Low Income Energy Assistance Program		14. Effective Date 11/14/2012			
6. Location (address where employee works)  City Kansas City County Wyandotte		15. By	Approved		
7. (circle appropriate time) Full time X Perm. Inter. Part time Temp. X %	16. Audit Date: By: Date: By:				
8. Regular hours of work: (circle appropriate time)  FROM:8:00 AM To: 5:00 PM	17. Audit Date: By: Date: By:				

## PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

19. Who is the supervisor of this position? (Who assigns work, gives directions, answers questions and is directly in charge.)

**Name: Winona Dickson**

**Title: LIEAP Program Manager**

**Position Number K0065182**

Who evaluates the work of an incumbent in this position?

**Name: Same**

**Title**

**Position Number**

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

The work requires initiative, discretion and the ability to make independent judgments regarding the urgency of a situation and/or its sensitivity. Assignments are almost always verbal. Instructions are general and emphasize outcomes. Handles many administrative details independently and organizes priorities to meet deadlines. Work must comply with SRS policies, KARs, KSAs and other mandated policies and procedures.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties:)

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action) ; **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time	This position works in collaboration with the Office Manager to ensure efficient office operations, workflow processes and the meeting of federal and State program requirements in the LIEAP Processing Center, coordinating and monitoring daily office activities ensuring efficient program administration. This position performs the administrative functions related to staffing changes, supply needs, and etc..		
<u>No.</u>	<u>%</u>	<u>E OR M</u>	
1	10%	E	Coordinate the Human Resources processes necessary for the adequate staffing of the LIEAP Processing Center. Manage the establishment and termination of staff system access.
2	45%	E	Oversees the organization of staff functions based on the volume of LIEAP applications received daily and volume of applications pending eligibility determination. Provides status updates daily to the LIEAP Program Manager. Oversees and manages the workflow processes to ensure timely registration and eligibility determination of LIEAP applications. Coordinates and manages the organization the LIEAP Processing Center. Prepares correspondence as needed related to administration of office operations.
3	25%	E	Serves as a member of the LIEAP Processing Center management team responsible for the design and successful management of a comprehensive and responsive program. Actively participates in regularly scheduled and impromptu meetings and work sessions to develop goals and objectives, evaluate program and operations, plan new initiatives, and resolve problems or issues. Responds to inquiries from Central Office on the status of requests for action, ensuring appropriate and timely response.
4	10%	E	Manages a variety of short-term special projects as necessary. Fill in for Office Manager in his/her absence.
5	10%	E	Participate in staff hiring and notify approved applicants. Maintain adequate levels of supplies and notify central office contact of specific needs by processing input ticket.

22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.

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- ( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.
  - ( ) Plans, staffs, evaluates, and directs work of employees of a work unit.
  - ( ) Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

**Title**

**Position Number**

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23. Which statement best describes the results of error in action or decision of this employee?

- ( ) Minimal property damage, minor injury, minor disruption of the flow of work.
- (X) Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- ( ) Major program failure, major property loss, or serious injury or incapacitation.
- ( ) Loss of life, disruption of operations of a major agency.

Please give examples.

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24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

This position requires daily contact with agency employees and the general public. Contacts are by telephone or email to provide information, policies and procedures and to ensure uniform and accurate service delivery. These contacts will also include problem resolution.

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25. What hazards, risks or discomforts exist on the job or in the work environment?

The responsibilities may involve stress on a daily basis. The continual use of a computer may cause fatigue and eye strain. It may be necessary at times to deal with angry and hostile customers.

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26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.

Personal computer and related software and mainframe system, printer, fax machine, copy machine and telephone are used daily.

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**PART III - To be completed by the department head or personnel office**

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27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment

in this position.  
Education - General

Associates Degree or higher preferred.

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Education or Training - Special or professional

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License, certificates and registrations

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Special knowledge, skills and abilities

- Experience or education in computer software programs.
- Experience with office setup and office equipment
- Experience working with the public
- SRS and/or LIEAP experience
- Bi-Lingual in English and Spanish

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Experience - Length in years and kind

One year of experience in providing direction necessary to implement the objectives of an agency, program or organizational unit.  
Education may be substituted for experience as determined relevant by the agency.

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#### 28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

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Signature of Employee

Date

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Signature of Personnel Official

Date

**Approved:**

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Signature of Supervisor

Date

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Signature of Agency Head or  
Appointing Authority

Date